



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, omeprazole, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Diovan HCT	Norpace CR*
Aceon	Dynacirc CR	Optivar
Actos	Eurax	Pataday
Adderall XR	Exelon	Patanol
Advair Diskus	Exforge	Paxil CR*
Advair HFA	Flovent HFA	Pegasys
Aerobid	Focalin*	Pexeva
Aerobid-M	Focalin XR	Phisohex
Alupent*	Foradil	Premarin (tabs only)
Amerge	Glyset	ProAir HFA
Amoxil*	Gris-Peg	Proventil HFA
Aricept	Humalog	Qvar
Asmanex Twisthaler	Hyzaar	Relenza
Atrovent HFA	Imitrex	Relpax
Augmentin XR	Infergen	Ritalin*
Avalide	Lanoxicaps	Serevent Diskus
Avandamet	Lantus	Simcor
Avandaryl	Lescol	Singulair
Avandia	Lescol XL	Spiriva
Avapro	Lexapro	Starlix
Azmacort	Lorabid	Sumycin*
Beconase AQ	Maxair Autohaler	Symbicort
Benicar	Maxalt	Symmetrel*
Benicar HCT	Maxalt MLT	Tamiflu
Caduet	Menest	Tyzine
Capex Shampoo	Metadate CD	Valtrex
Cenestin	Metrogel-Vaginal*	Ventolin HFA
Cleocin*	Micardis	Veramyst
Combivent	Micardis HCT	Vyvanse
Concerta	Mintezol	Xopenex HFA
Cozaar	Mycostatin*	Zegerid
Crestor	Nasacort AQ	Zovirax (ointment only)
Daraprim	Nasonex	
Derma-Smoothe/FS	Niacor	
Dexedrine*	Niaspan	
Diastat	Nitro-Bid	
Diovan	Norpace*	